

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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<b>COMPANIES AFFORDING COVERAGE</b>	
INSURED	COMPANY A <div style="text-align:center; font-size: 1.2em;">Insurance Co.</div> COMPANY B COMPANY C COMPANY D

**COVERAGES**  
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENTS, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESIRED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	01AP09476510	06/30/09	06/30/10	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS – COMP/OP AGG	\$2,000,000
	___ CLAIMS MADE ___ OCCUR				PERSONAL & ADV INJURY	\$2,000,000
	OWNER'S & CONT. PROT				EACH OCCURRENCE	\$2,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
A	<b>AUTOMOBILE LIABILITY</b> (Check the appropriate coverage.)	01CC3902013	06/30/09	06/30/10	COMBINED SINGLE LIMIT	\$
	<input checked="" type="checkbox"/> ANY AUTO				BODY INJURY (PER PERSON)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON OWNED AUTO					
	<b>GARAGE LIABILITY</b>				AUTO ONLY – EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY:	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
	<b>WORKER'S COMPENSATION AND EMPLOYEE'S LIABILITY</b>	WC2249276G	06/30/09	06/30/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
					OTHER	
	THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE:	INC.			EL EACH ACCIDENT	\$
		EXCL.			EL DISEASE – POLICY LIMIT	\$
					EA DISEASE – EA EMPLOYEE	\$
	<b>OTHER</b>					

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS**  
**The City of Salem, its officers, agents, and employees are named as additional insured with respect to work performed on their behalf by the insured.**

CERTIFICATE HOLDER  City of Salem Public Works Department Parks and Transportation Services Division 555 Liberty Street SE, Room 325 Salem, OR 97301-3513	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10 DAYS</u> WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  Authorized Signature:
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